

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212514341

1.) CORPORATION NAME:

DUE DATE: **4/30/2012****Starr Adjustment Services, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1665043****CT CORPORATION SYSTEM****4701 COX RD STE 301
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3353 Peachtree Road N.E.
STE 1000

CITY/ST/ZIP: ATLANTA, GA 30326

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN A. LUIKERT
TITLE: PRESIDENT
ADDRESS: 3353 PEACHTREE ROAD N.E.
SUITE 1000
CITY/ST/ZIP/CO: ATLANTA, GA 30326

☒

OFFICER

☒

DIRECTOR

NAME: ANTHONY R. FAIA
TITLE: VICE PRESIDENT
ADDRESS: 3353 PEACHTREE ROAD N.E.
SUITE 1000
CITY/ST/ZIP/CO: ATLANTA, GA 30326

☒

OFFICER

☐

DIRECTOR

NAME: STEVEN G. BLAKEY
TITLE: DIRECTOR
ADDRESS: 3353 PEACHTREE ROAD N.E.
SUITE 1000
CITY/ST/ZIP/CO: ATLANTA, GA 30326

☐

OFFICER

☒

DIRECTOR

NAME: JOHN ALVA MYERS
TITLE: DIRECTOR
ADDRESS: 3353 PEACHTREE ROAD N.E.
SUITE 1000
CITY/ST/ZIP/CO: ATLANTA, GA 30326

☐

OFFICER

☒

DIRECTOR

NAME: James C. Watt
TITLE: SVP
ADDRESS: 3353 Peachtree Road N.E.
Suite 1000
CITY/ST/ZIP/CO: Atlanta, GA 30326

☒

OFFICER

☐

DIRECTOR

NAME:	Thomas A Bryan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	399 Park Avenue		
CITY/ST/ZIP/CO:	8th Floor New York, NY 10022		
NAME:	Thomas Connelly	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	399 Park Avenue		
CITY/ST/ZIP/CO:	9th Floor New York, NY 10022		
NAME:	Paul Ferguson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	90 Park Avenue		
CITY/ST/ZIP/CO:	7th Floor New York, NY 10016		
NAME:	James Nasso	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Floor, 9		
CITY/ST/ZIP/CO:	399 Park Avenue New York, NY 10022		
NAME:	Niraj Patel	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Controller		
ADDRESS:	3353 Peachtree Road N.E		
CITY/ST/ZIP/CO:	Suite 1000 Atlanta, NY 30326		
NAME:	Carol Gregory	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	500 West Monroe Street		
CITY/ST/ZIP/CO:	Suite 2600 Chicago, IL 60661		
NAME:	Nancy J. Larsen	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	3353 Peachtree Road N.E		
CITY/ST/ZIP/CO:	Suite 1000 Atlanta, GA 30326		
NAME:	Rhonda Leake	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	5151 San Felipe Street		
CITY/ST/ZIP/CO:	Suite 700 Houston, TX 77056		
NAME:	Daniel Montgomery	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	Floor, 9		
CITY/ST/ZIP/CO:	399 Park Avenue New York, NY 10022		
NAME:	Julie Murray	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	399 Park Avenue		
CITY/ST/ZIP/CO:	8th Floor New York, NY 10022		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Ordon AVP 101 Second Street 25th Floor San Francisco, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Frank Reilly AVP 3353 Peachtree Road N.E Suite 1000 Atlanta, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Zeuner AVP Floor, 9 399 Park Avenue New York, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Peter Guy VICE PRESIDENT 3353 Peachtree Road N.E Suite 1000 Atlanta, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Julie Murray SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Julie Murray, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/20/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			